



## UNITED STATES PATENT AND TRADEMARK OFFICE

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WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 6348

<b>SERIAL NUMBER</b> 09/648,122	<b>FILING DATE</b> 08/25/2000 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2631	<b>ATTORNEY DOCKET NO.</b> TI-31713
<b>APPLICANTS</b> John G. McDonough, LaJolla, CA; Craig M. Julian, Escondido, CA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/30/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 23494				
<b>TITLE</b> System and method for assigning combiner channels in spread spectrum communications				
<b>FILING FEE RECEIVED</b> 1018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>APPLICANTS</b> John G. McDonough, LaJolla, CA; Craig M. Julian, Escondido, CA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/30/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> <del>Terrance A Meador</del> Gray Cary Ware & Freidenrich 401 B Street Suite 1700 San Diego, CA 92101				
<b>CUSTOMER NUMBER: 23194</b>				
<b>TITLE</b> System and method for assigning combiner channels in spread spectrum communications				
<b>FILING FEE RECEIVED</b> 1018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
<input type="checkbox"/> All Fees				<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )				<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____				<input type="checkbox"/> Credit